

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32687**  
Registrar's No. **193**

FILED OCT 13 1943

Registration District No. **324**

Primary Registration District No. **3072**

1. PLACE OF DEATH:

(a) County **Saline**  
(b) City or town **Marshall, Mo.**  
(c) Name of hospital or institution:  
**314 N. Vorhees**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1**  
(Specify whether)  
In this community **All his life**  
(years, months or days)

3. (a) PRINT FULL NAME **John F. Hicks**

3. (b) If veteran,  
name war **#**

3. (c) Social Security  
No. **496-16-2280**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married,  
divorced **Married**

6. (b) Name of husband or wife **Anna Harlan**  
6. (c) Age of husband or wife if  
alive **68** years

7. Birth date of deceased **June 10 1870**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**73 3 19** hr. min.

9. Birthplace **Sweet Springs Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Coal Dealer**

11. Industry or business

MOTHER FATHER

12. Name **Richard Hicks**

13. Birthplace **Sweet Springs Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Winifred Lee**

15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Granville Hicks**

(b) Address **Marshall, Mo.**

17. (a) **Buried** (b) Date thereof **Oct. 1, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cemetery**

18. (a) Signature of funeral director **J. Leslie Murray**

(b) Address **Marshall, Mo.**

19. (a) **Sept 2, 43** (b) **not observed**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline 097**  
(c) City or town **Marshall**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **314 N. Vorhees**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **29**  
**80** year **1943** hour **8:20** minute **a.m.**

21. I hereby certify that I attended the deceased from **1940**  
to **Sept 29**, 19 **43**  
that I last saw him alive on **Sept 29**, 19 **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **coronary thrombosis**

Due to **arteriosclerosis**

Due to **senility**

Other conditions  
(Include pregnancy within 3 months of death) **94a**

Major findings:  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **John R. Lawrence** (M. D. or other)  
Address **Marshall, Mo.** Date signed **Sept 2, 43**

RECEIVED

District Health Officer No. 8

Death File Number

Date Filed

OCT 20 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*J. L. Loe, Sursury*

Licensed Embalmer No. 3235

P. O. Address. *Marshall, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.